						Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO						RD ON THE CO						
Effective December 29, 1999							04/589,430					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FO	R	NUMBE	NUMBER FILED		NUMBER EXTRA		E	FEE]	RATE	FEE	
ВА	SIC FEE							345.00	OR		690.00	
то	TAL CLAIMS	.12	minus 2	0= *	*		X\$ 9=		OR	X\$18=	*	
IND	EPENDENT CL	AIMS 1	minus 3	3 = *			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130	+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	640	
	CLAIMS AS AMENDED - PART II								1~,,	OTHER	THAN	
(Column 1) (Column 2) (Column 3)				(Column 3)	SMA	SMALL ENTITY			OR SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	=	X\$ 9)=		OR	X\$18=		
\ME	Independent	*	Minus	***	=	X39	_	·	OR	X78=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	PENDENT CLAIM		+130				+260=		
)= TAL		OR	+260= TOTAL		
							FEE	Ĺ	OR	ADDIT. FEE	<u> </u>	
		(Column 1) CLAIMS	2.22	(Column 2) HIGHEST	(Column 3)			V DD:	, ,		ADDI	
MENT B		REMAINING AFTER AMENDMENT	3	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9	=		OR	X\$18=		
AMEND	Independent	*	Minus	***	=	X39:	_		OR	X78=		
lacksquare	FIRST PRESE	NTATION OF M	ULTIPLE DEP	JLTIPLE DEPENDENT CLAIM]			1			
	• •					+130			OR	+260= TOTAL	ļ	
1							TAL		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQN	Total ⁻	*	Minus	**	=	X\$ 9	= -		OR	X\$18=		
ME	Independent	*	Minus	***	=	X39:	_		1	X78=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM			\dashv		OR		 	
*. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+260=		
••	If the "Highest Nu	mber Previously Pa	aid For" IN THIS	S SPACE is less tha	an 20, enter "20."	TO ADDIT. F			OR	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												